1. PLACE OF DEATH

County *Adair*   Registration District No. *4*   File No. *4800*

Township   Primary Registration District No. *3001*   Registered No. *34*

City *Kirksville* (No.) *2*   St. Ward)

2. FULL NAME *James G. Reed*

(a) Residence. No. *701 West Scott* St., *3* Ward. *1*
(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	*White*	*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF *Mattie Reed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-13-1850*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	87	*0*	*2*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Contractor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Cement work*

10. Date deceased last worked at this occupation (month and year) *1-4-35*

11. Total time (years) spent in this occupation *40 yrs*

12. BIRTHPLACE (CITY OR TOWN) *Warsaw* (STATE OR COUNTRY) *Illinois*

FATHER

13. NAME *Thomas B. Reed*

14. BIRTHPLACE (CITY OR TOWN) *Frankford* (STATE OR COUNTRY) *Kentucky*

MOTHER

15. MAIDEN NAME *Eliza Lafen*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Mrs. Mattie Reed* (ADDRESS) *701 W. Scott Kirksville*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Forrest Cem't* DATE *2-16-* 19 *37*

19. UNDERTAKER *Dee Riley Funeral Home* (ADDRESS) *Kirksville Mo.*

20. FILED *Feb 22 1937* *Spencer Freeman*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 15* 19 *37*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 8*, 19 *37*, to *Feb 15*, 19 *37*.

I last saw him alive on *Feb 15*, 19 *37*. Death is said to have occurred on the date stated above, at *7:40* A. m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance: *Prostate Hypertrophy (Benign)*

Name of operation   Date of
What test confirmed diagnosis? *Lab* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify
(Signed) *Earl Laughlin J.* , M. D.
(Address) *Kirksville, Mo.*